

## **Personal Financial Statement**

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock or (4) any other person or entity providing a guarantee on the loan Name **Business Phone** Residence Address Residence Phone City, State & ZIP code Business Name of Applicant/Borrower **ASSETS LIABILITIES** (Omit Cents) (Omit Cents) Accounts payable (Credit Card).....\$ Cash on hand & in banks .....\$ Savings accounts ......\$ Notes payable to banks and others .....\$ IRA or other retirement account ......\$ (Describe in section 2) Installment account (Auto) .....\$ Accounts & notes receivable ......\$ Life insurance-cash surrender value only......\$ Monthly payments \$ Installment account (Other).....\$ (Complete in section 8) Stocks & bonds (Excludes IRA & 401K assets) .........\$ Monthly payments \$ (Describe in section 3) Loan on life insurance.....\$ Mortgages on real estate .....\$ Real estate .....\$ (Describe in section 4) (Describe in section 4) Automobile-present value.....\$ Unpaid taxes .....\$ Other personal property.....\$ (Describe in section 6) (Describe in section 5) Other liabilities .....\$ (Describe in section 7) Other assets .....\$ (Describe in section 5) Total liabilities .....\$ Net worth.....\$ \$0 Total .....\$ □ Calculate Total.....\$ Section 1. Source of income Contingent liabilities As endorser or co-maker ......\$ Salary ......\$ Net investment income ......\$ Legal clams & judgments.....\$ Provision for Federal Income Tax .....\$ Real estate income ......\$ Other special debt.....\$ Other income (Describe below) .....\$ Description of other income in section 1. Alimony or child support payments need not be disclosed in "Other income" unless it is desired to have such payments counted toward total income. Section 2. Notes payable to bank and others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) Current Payment Frequency How secured or endorsed Type of Original Name and address of note holder(s) (monthly, etc.) balance collateral balance Amount

Section 3. Sto	ocks and bonds. (Use attachm	nents if necessary. Each attachn	nent must b	e identified	as a part of this statemen	t and signed.)	
Number of Shares			Cost		Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Section 4. Real estate owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)							
F		Property A			Property B	F	Property C
Type of Property							
Address							
Date Purchased (Month/Year)							
Original Cost							
Present Market Value							
Name & Address of Mortgage Holder							
Mortgage Account Number							
Mortgage Balance							
Amount of Payment per Month/Year							
Status of Mortgage							
Section 5. Other personal property and other assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.							
Section 6. Unpaid taxes. (Describe in detail, as to type, to whom, when due, amount, and to what property, if any, a tax lien attaches.)							
Section 7. Other liabilities. (Describe in detail.)							
Section 11 State manufact (Section in Actually)							
Section 8. Life insurance held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)							
I authorize Lender to make inquiries if necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in the forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).							
Signature	9:	Dat	te:		Social Security	Number:	
Signature:		Dat	te:		Social Security	Number:	